

FORM LM-30

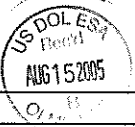
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7298</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>Sean</u> <u>P</u> <u>Murphy</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>3201 McKnight East Drive</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15237</u>	4. Name, file number, and address of labor organization. Name <u>International Brotherhood Of Boilermakers</u> Labor Organization File Number <u>000-074</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>753 State Avenue Suite 570</u> City <u>Kansas City</u> State <u>Kansas</u> ZIP Code + 4 <u>66101-2511</u>
5. Position in labor organization. <u>International Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <div><input type="text"/></div> 7.b. Amount. <div><input type="text"/></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Sean P Murphy

On 7/13/2005

Date

412-367-1007

Telephone Number

Name of Person Filing Sean Murphy	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Northeast Area Apprenticeship Program</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>297 Burnside Avenue</u></p> <p>City <u>East Hartford</u></p> <p>State <u>Connecticut</u> ZIP Code + 4 <u></u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides craft/trade training to our members in the Northeast Area.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$2,594,604</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Meeting and dinner to discuss recruitment and training improvements in the Northeast Area.</u></p> <p>12.b. Amount. - Approximately. <u>\$72</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

Name of Person Filing Sean Murphy	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Northeast Area Apprenticeship Program</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>297 Burnside Avenue</u></p> <p>City <u>East Hartford</u></p> <p>State <u>Connecticut</u> ZIP Code + 4 <u>06108</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides craft/trade training to our members in the Northeast Area.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$2,594,604</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Area Apprenticeship Full Board and Administrative Committee meeting to review reports; discuss recruitment in the Northeast; and utilize the "Helmets to Hard Hats" program. Reimbursement for 3 days expenses.</u></p> <p>12.b. Amount.- <u>Approximately.</u> <u>\$340</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

Name of Person Filing Sean Murphy	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="Northeast Area Apprenticeship Program"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="297 Burnside Avenue"/></p> <p>City <input style="width: 80%;" type="text" value="East Hartford"/></p> <p>State <input style="width: 20%;" type="text" value="Connecticut"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="06108"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>Provides craft/trade training to our members in the Northeast Area.</p></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 80%;" type="text" value="\$2,594,604"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>Northeast Full Board Meeting to discuss additional training requirements and the "Helmets to Hard Hats" program. Reimbursement for hotel and daily expense for 1 day.</p></div> <p>12.b. Amount. - Approximately. <input style="width: 80%;" type="text" value="\$294"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing Sean Murphy	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mobilization Optimization Stabilization&Trai</p> <p>Trade Name, if any: MOST</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 753 State Avenue Suite 800</p> <p>City Kansas City</p> <p>State Kansas ZIP Code + 4 66101</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State Kansas ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>MOST provides safety training and drug testing service to the Labor Organization.</p> <p>11.b. Approximate dollar value of such dealing. \$13,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Labor/Management Meetings regarding the members' future training, safety issues, drug testing, etc. Reimbursement for hotel and daily expense for 2 days.</p> <p>12.b. Amount. - Approximately. \$800</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mobilization Optimization Stabilization&Trai</p> <p>Trade Name, if any: MOST</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 753 State Avenue Suite 800</p> <p>City Kansas City</p> <p>State Kansas ZIP Code + 4 66101</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>MOST provides safety training and drug testing service to the Labor Organization.</p> <p>11.b. Approximate dollar value of such dealing. \$13,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Meeting with Labor/Management, with dinner, to discuss additional training of members in the Northeast area to increase employment opportunities for our members.</p> <p>12.b. Amount. - Approximately. \$45</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p></p>

Name of Person Filing Sean Murphy	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mobilization Optimization Stabilization&Trai

Trade Name, if any: MOST

P.O. Box, Bldg., Room No., if any

Street 753 State Avenue Suite 800

City Kansas City

State Kansas ZIP Code + 4 66101

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

MOST provides safety training and drug testing service to the Labor Organization.

11.b. Approximate dollar value of such dealing.

\$13,000,000

12.a. Nature of interest held or income received.

Gainsharing meeting along with MOST Trustee Meetings/multi-employer to discuss and review all aspects of our safety training, drug testing & manpower; discuss the possible gainsharing projects. Reimbursement for airfare, hotel and expenses for 4 days.

12.b. Amount - Approximately.

\$1,675

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Sean Murphy	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mobilization Optimization Stabilization&Trai</p> <p>Trade Name, if any: MOST</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 753 State Avenue Suite 800</p> <p>City Kansas City</p> <p>State Kansas ZIP Code + 4 66101</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>MOST provides safety training and drug testing service to the Labor Organization.</p> <p>11.b. Approximate dollar value of such dealing. \$13,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Labor/Management meeting with dinner to discuss the additional safety training requirements for our members to increase their employment in the Northeast area.</p> <p>12.b. Amount - Approximately. \$55</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Boilermaker National Annuity Trust</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>754 Minnesota Avenue, Suite 522</u></p> <p>City <u>Kansas City</u></p> <p>State <u>Kansas</u> ZIP Code + 4 <u>66101</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Annuity Trust for members of the labor organization.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$807,921,339</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Annuity Trustees Meeting to discuss reallocation of investments to possibly increase interest returns on members' annuities. Reimbursement for travel and daily expense.</u></p> <p>12.b. Amount. - Approximately. <u>\$944</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>